Form 8

FORM 8. Entry of Appearance

| UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT | | | | |
|---|---|----------------|------------------------------------|--|
| Lu | cree | V | United States | |
| N. 14.5124 | | | | |
| No. <u>14-5134</u> | | | | |
| ENTRY OF APPEARANCE | | | | |
| (INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.) | | | | |
| Please enter my appearance (select one): | | | | |
| Pro Se | As counsel for: United States | | | |
| | Name of party | | | |
| I am, or the party I represent is (select one): | | | | |
| Petitioner | Respondent | Amic | eus curiae Cross Appellant | |
| Appellant Appellee Intervenor | | | | |
| As amicus curiae or intervenor, this party supports (select one): | | | | |
| Petitioner or appellant Respondent or appellee | | | | |
| My address and telephone are: | | | | |
| Name: | Matthew P. Roche | e | | |
| Law firm: | United States Department of Justice, Commercial Litigation Branch | | | |
| Address: | PO Box 480, Ben Franklin Station | | | |
| City, State and ZIP: | Washington DC 20044 | | | |
| Telephone: | (202) 616-0466 | | | |
| Fax #: | (202) 514-8624 | | | |
| E-mail address: | Matthew.P.Roche@usdoj.gov | | | |
| Statement to be completed by counsel only (select one): | | | | |
| I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me. | | | | |
| I am replacing as the principal attorney who will/will not remain on the case. [Government attorneys only.] | | | | |
| I am not the principal attorney for this party in this case. | | | | |
| Date admitted to Federal Circuit bar (counsel only): | | | | |
| (counsel only): | | d States Court | of Appeals for the Federal Circuit | |
| YesNo A courtroom accessible to the handicapped is required if oral argument is scheduled. | | | | |
| September 2, 2014 | | | /s Matthew P. Roche | |
| Date | | Signa | ture of pro se or counsel | |
| cc: Frank A. Lukasik | | | | |

Reset Fields 123

CERTIFICATE OF SERVICE

| I hereby certify under penalty of perjury that on this <u>2nd</u> day of |
|--|
| September , 2014 , a copy of the foregoing |
| Entry of Appearance |
| was filed electronically. |
| ✓ This filing was served electronically to all parties by operation of the Court's |
| electronic filing system. |
| /s Matthew P. Roche |
| I caused a copy of this filing to be served via: |
| hand delivery |
| mail |
| third-party commercial carrier for delivery within 3 days |
| electronic means, with the written consent of the party being served |
| To the following address: |
| |